

# Georgia’s HRSA Pilot Planning Grant

Glenn M. Landers, MBA, MHA, Karen J. Minyard, Ph.D., and Lindsey Loneragn, MPH

## Introduction and Objective

With support from the HRSA State Planning Grant program and the Georgia Governor's Office the Georgia Health Policy Center sought to assist four community-based pilot projects in leveraging public-private partnerships to expand health care coverage among low-wage workers at small firms in four distinctly different communities across Georgia. Successful pilots would serve as models for replication state- and nationwide.

## Population Studied

Four communities in Georgia: Atlanta metro - Fulton and DeKalb counties, other metro - the Macon area, rural north - Dalton, and rural south - Brunswick. The communities’ four distinct profiles (Four Georgias) were affirmed in a 2002 survey of 10,000 Georgia households. The four communities represent approximately 267,000 small firm workers and their dependents, 160,000 of which are estimated to be uninsured.

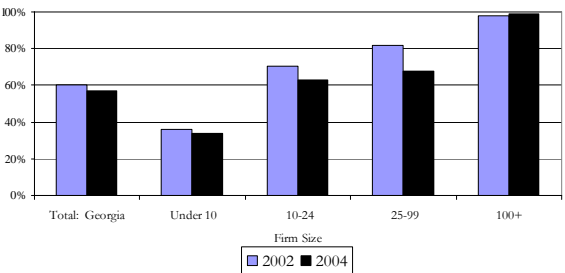
## Methods

Communities were invited to participate based on the existence of mature community collaboratives that had a strong history of success implementing programs focused on health care access. Design support included *an insurance survey* of Georgia businesses with over-sampling in the communities of interest, *focus groups* with small employers and low-wage workers of small firms, *econometric modeling* of the impact of uninsurance in the pilot communities, and on-site technical assistance.

## Results Obtained

### Employer Survey

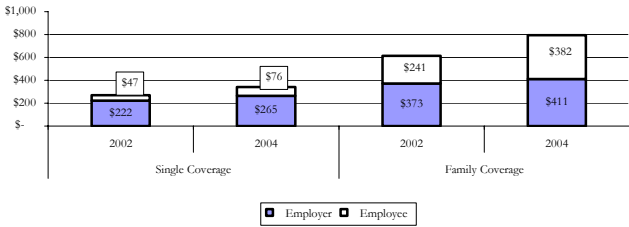
- Employers offering coverage dropped three percent from 2002, with firms of 25 – 99 employees the most affected.



- The erosion in offer rates was focused on urban firms – although rural firms were still less likely to offer.



- Between 2002 and 2004, the total average premium cost for an individual increased 27 percent.



- Average monthly wages increased only for firms that do not offer coverage.

### Econometric Modeling

- Those without health insurance spend about 60% per year in health care costs compared with those with private coverage.
- About 5% of Georgia’s health expenditures are for care of the uninsured.
- Georgians spend about \$1,063 annually for each uninsured Georgian.

### Community Pilot Sites

- Working with key community leaders who are willing to commit significant time and effort to the design project was vital to the success of program development.
- Having accurate, detailed data on a variety of indicators related to the uninsured and local employment, as well as detailed information on best practices, available at the outset was critical.
- Communities required frequent interaction with outside facilitators to ensure project work progresses.
- Leveraging local, public financial participation was the greatest obstacle for the three non-Atlanta communities.
- The state plays a critical role in facilitating the departmental, regulatory, or legislative change needed to enact new coverage models.

## Conclusions

The creation of community-based public-private coverage models is technically complicated and largely dependent on local level leadership with demonstrated success in community efforts focused on health care access. Identification of a public share is more challenging in lean economic times.

## Implications for Policy or Practice

State governments play a critical role in facilitating the departmental, regulatory, or legislative change needed to enact community-based coverage models. Due to the unique circumstances that exist in each community, adaptation rather than replication may be the order of the day when such models are considered for duplication.

This study was funded through the HRSA State Planning Grant Program. The authors wish to thank William Custer, Ph.D., Patricia Ketsche, Ph.D., Chris Parker, Beverly Tyler, and the pilot communities for their multi-year collaboration on Georgia’s Planning Grant.

For more information, please contact the Georgia Health Policy Center at 404-651-3104.